

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name CTMG, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 20-0605657

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

3008 Anderson Drive, Suite 204
Raleigh, NC 27609

Number, Street, City, State & ZIP Code

Wake

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

1800 North Greene Street, Suite B Greenville, NC
27834

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.ctmginc.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **CTMG, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **CTMG, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **CTMG, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 22, 2018**
MM / DD / YYYY**X /s/ Anton-Lewis Usala**

Signature of authorized representative of debtor

Anton-Lewis Usala

Printed name

Title **President****18. Signature of attorney****X /s/ Gerald A. Jeutter, Jr. NC State Bar No.**

Signature of attorney for debtor

Date **May 22, 2018**

MM / DD / YYYY

Gerald A. Jeutter, Jr. NC State Bar No. 17724

Printed name

Gerald A. Jeutter, Jr., Attorney at Law PA

Firm name

**615 Oberlin Road, Suite 102
Post Office Box 12585
Raleigh, NC 27605**

Number, Street, City, State & ZIP Code

Contact phone **919-334-6631**Email address **jeb@jeutterlaw.com****17724 NC**

Bar number and State

Fill in this information to identify the case:Debtor name CTMG, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2018**X /s/ Anton-Lewis Usala**

Signature of individual signing on behalf of debtor

Anton-Lewis Usala

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **CTMG, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **107,339.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **107,339.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **2,230,382.85****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **815,823.77****4. Total liabilities**
Lines 2 + 3a + 3b\$ **3,046,206.62**

Fill in this information to identify the case:Debtor name **CTMG, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **BB&T****General Operating Account****7758****\$19,500.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$19,500.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Debtor **CTMG, Inc.**
Name

Case number (If known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software See Exhibit A attached hereto. Depreciation schedule is available.	Unknown		\$67,839.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$67,839.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.

Debtor **CTMG, Inc.**
Name

Case number (If known) _____

☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets 5 registered trademarks	Unknown		Unknown
61.	Internet domain names and websites Domain name ctmginc.com	Unknown		Unknown
62.	Licenses, franchises, and royalties The Company licenses a proprietary business model for managing clinical trials in physician offices from Usala Consulting, Inc. pursuant to that certain Intellectual Property Agreement dated as of March 12, 2004 by and between the Company and Usala Consulting, Inc.	Unknown		Unknown
63.	Customer lists, mailing lists, or other compilations Engineered Processes (Standard Operating Procedures, Work Instructions, Policies estimated value to be \$3,500,000)	Unknown		Unknown
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Debtor CTMG, Inc.
Name

Case number (If known) _____

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*
Debtor currently holds, in escrow, \$20,000 in a BB&T money market account. These funds belong to Rox Biomedical for assistance the Debtor was to provide to it

\$20,000.00

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.
79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

\$20,000.00

Debtor **CTMG, Inc.**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$19,500.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$67,839.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$20,000.00	
91. Total. Add lines 80 through 90 for each column	\$107,339.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$107,339.00

Location	Equipment/Furniture/supplies/etc.	Quantity	Description	Unit Price	Total
Greenville	2 drawer Filing cabinets	39		\$ 10.00	\$ 390.00
Greenville	Battery backup	2	Rack mounted backups	\$ 200.00	\$ 400.00
Greenville	Battery backup	1	Free standing backups	\$ 50.00	\$ 50.00
Greenville	Battery (laptop)	30		\$ 5.00	\$ 150.00
Greenville	Blood pressure machines	2		\$ 15.00	\$ 30.00
Greenville	Body Comp Analyzer NEW	1		\$ 2,600.00	\$ 2,600.00
Greenville	Bookshelves - 5 shelves	16		\$ 25.00	\$ 400.00
Greenville	Camera	1	TRENDnet TV-IP110	\$ 20.00	\$ 20.00
Greenville	Camera	1	CudaCam Bullet IP Camera	\$ 100.00	\$ 100.00
Greenville	Centrifuge	7	LW Scientific C5	\$ 750.00	\$ 5,250.00
Greenville	Centrifuge	13	Horizon miniE	\$ 50.00	\$ 650.00
Greenville	Centrifuge	3	Clinaseal	\$ 50.00	\$ 150.00
Greenville	Chairs (non wheel)	4		\$ 15.00	\$ 60.00
Greenville	Computer bags	16		\$ 15.00	\$ 240.00
Greenville	Conference Phones	1	ClearOne Max, 1 module with 4 speakers	\$ 40.00	\$ 40.00

			1 broken down in main office, 1 in back conference room		
Greenville	Conference room tables	2		\$ 250.00	\$ 500.00
Greenville	Copier toner	1	1 color set	\$ 150.00	\$ 150.00
Greenville	Cubicles w/ 2 person desks	18		\$ 600.00	\$ 10,800.00
Greenville	Desktop computer	2	Dell Inspiron 3647	\$ 40.00	\$ 80.00
Greenville	Desktop computers	2	Dell Optiplex 390	\$ 80.00	\$ 160.00
Greenville	Desktop computers	1	HP Pro 3500	\$ 50.00	\$ 50.00
Greenville	Computer Monitors	21		\$ 50.00	\$ 1,050.00
Greenville	Desk	2	L desks with hutch	\$ 500.00	\$ 1,000.00
Greenville	Desk	1	Desk with hutch	\$ 229.00	\$ 229.00
Greenville	Desk	2	Office desk with 2 drawers	\$ 175.00	\$ 350.00
Greenville	Dolly	1		\$ 50.00	\$ 50.00
Greenville	ECG Machine	6	Burdick ELI 230	\$ 300.00	\$ 1,800.00
Greenville	Full size refrigerator	1		\$ 298.00	\$ 298.00
Greenville	Verizon Hotspots	5		\$ 15.00	\$ 75.00
Greenville	Inventory scanner	1	WASP scanner	\$ 20.00	\$ 20.00
Greenville	iPhone 6	30		\$ 100.00	\$ 3,000.00
Greenville	iPhone SE	2		\$ 50.00	\$ 100.00
Greenville	Laptop	1	Dell Precision 3510	\$ 200.00	\$ 200.00
Greenville	Laptop	4	Dell Latitude 3440	\$ 40.00	\$ 160.00

Greenville	Laptop	15	Dell Latitude E5430	\$ 60.00	\$ 900.00
Greenville	Laptop	2	Dell Latitude E5400	\$ 15.00	\$ 30.00
Greenville	Laptop	2	Dell Precision M2800	\$ 200.00	\$ 200.00
Greenville	Laptop	1	Dell Precision M4800	\$ 250.00	\$ 250.00
Greenville	Laptop	1	HP ProBook	\$ 60.00	\$ 60.00
Greenville	Laminator	1		\$ 20.00	\$ 20.00
Greenville	large filing cabinets	12		\$ 30.00	\$ 360.00
Greenville	Locks	7	Realtor locks	\$ 20.00	\$ 140.00
Greenville	Locks	7	MasterLock bar locks	\$ 5.00	\$ 35.00
Greenville	Locks	7	Masterlock combination lock	\$ 5.00	\$ 35.00
Greenville	Medical bed	1		\$ 20.00	\$ 20.00
Greenville	Metal lock boxes	5		\$ 2.00	\$ 10.00
Greenville	Metal open shelving	3		\$ 20.00	\$ 60.00
Greenville	Metal storage cabinets	16	HON Brigade	\$ 200.00	\$ 3,200.00
Greenville	Mini fridges	4		\$ 20.00	\$ 80.00
Greenville	Network switch	1	Dell PowerConnect 2824	\$ 55.00	\$ 55.00
Greenville	Network switch	1	Linksys SR216	\$ 16.00	\$ 16.00
Greenville	Network switch	1	Ovislink Ether-FSH2402GT	\$ 30.00	\$ 30.00
Greenville	Network switch	1	Ovislink Ether GSH4T	\$ 10.00	\$ 10.00

Greenville	Network switch	1	TRENDnet	\$ 35.00	\$ 35.00
Greenville	Network switch	1	CISCO SF 100D-D5	\$ 40.00	\$ 40.00
Greenville	Office Chairs on wheels	31		\$ 30.00	\$ 930.00
Greenville	Office Phones	8	Samsung iDCS 28D	\$ 50.00	\$ 400.00
Greenville	Older Phones	29	BlackBerry X, Motorolos, and other older style phones	\$ 2.00	\$ 58.00
Greenville	Phone System	1	Samsung OfficeServ 7100	\$ 275.00	\$ 275.00
Greenville	Projector	1	Hitachi CR-X2020	\$ 45.00	\$ 45.00
Greenville	RAM (laptop)	30		\$ 3.00	\$ 90.00
Greenville	Rolling carts	3		\$ 50.00	\$ 150.00
Greenville	Rolling suitcases	12		\$ 20.00	\$ 240.00
Greenville	Router	2	Netgear Nighthawk	\$ 60.00	\$ 120.00
Greenville	Samsung Tablet	2	Samsung SM-T537V	\$ 20.00	\$ 40.00
Greenville	Server 1	1	Dell PowerEdge 2850	\$ 125.00	\$ 125.00
Greenville	Server 2	1	Dell PowerEdge 2900	\$ 250.00	\$ 250.00
Greenville	server cabinet rack	1	72U	\$ 275.00	\$ 275.00
Greenville	Router	1	SonicWall SRA 4600	\$ 100.00	\$ 100.00
Greenville	Router	1	Sonicwall TZ-2400	\$ 70.00	\$ 70.00
Greenville	Spiral binder machine	1		\$ 30.00	\$ 30.00
Greenville	Surge protectors	15		\$ 10.00	\$ 150.00
Greenville	Tables	1		\$ 10.00	\$ 10.00

[illegible]

Location	Equipment/Furniture/supplies/etc.	Quantity	Description	Unit Price	Total
Raleigh	2 drawer file cabinets	7		\$ 10.00	\$ 70.00
Raleigh	B/P cuff - electronic	1		\$ 23.00	\$ 23.00
Raleigh	Body Comp Analyzer (used)	6		\$ 1,500.00	\$ 9,000.00
Raleigh	Bookshelves - 5 shelf	4		\$ 25.00	\$ 100.00
Raleigh	Conference Phones	1	ClearOne Max, 1 module with 2 speakers	\$ 40.00	\$ 40.00
Raleigh	Conference room chairs	10		\$ 30.00	\$ 300.00
Raleigh	Conference room table	1		\$ 500.00	\$ 500.00
Raleigh	Copier	1	Bizhub 364e	\$ 2,000.00	\$ 2,000.00
Raleigh	Copier toner	1	Bizhub 364e 4 color se	\$ 200.00	\$ 200.00
Raleigh	cradenza - wooden	2		\$ 150.00	\$ 300.00
Raleigh	Desk top organizers	4		\$ 3.00	\$ 12.00
Raleigh	Laptops w/o RAM and H	30	Harddrives destroyed, RAM and Battery removed	\$ 10.00	\$ 300.00
Raleigh	Dolly	1		\$ 50.00	\$ 50.00

Raleigh	Dry Erase Boards	3		\$ 10.00	\$ 30.00
Raleigh	Dry ice Polar cooler	1		\$ 250.00	\$ 250.00
Raleigh	ECG Machines	3	Burdick ELI 230	\$ 300.00	\$ 900.00
Raleigh	Camera	1	TRENDnet TV-IP110	\$ 20.00	\$ 20.00
Raleigh	Fireproof cabinet	1		\$ 80.00	\$ 80.00
Raleigh	Router	1	SonicWall TZ215	\$ 40.00	\$ 40.00
Raleigh	Folding tables	5		\$ 20.00	\$ 100.00
Raleigh	Food Refrigerator	1		\$ 298.00	\$ 298.00
Raleigh	Freezer - 20 - chest	1		\$ 150.00	\$ 150.00
Raleigh	Freezer -80 - chest	1		\$ 1,000.00	\$ 1,000.00
Raleigh	Freezer -80 - large	1		\$ 3,000.00	\$ 3,000.00
Raleigh	Inventory Scanner	1	WASP	\$ 20.00	\$ 20.00
Raleigh	Large 4 drawer file cabinets	4		\$ 20.00	\$ 80.00
Raleigh	Locks	6	Masterlock bar lock	\$ 5.00	\$ 30.00
Raleigh	Medicine scale	1		\$ 7.00	\$ 7.00
Raleigh	Metal Storage Cabinet	4	HON Brigade	\$ 200.00	\$ 800.00
Raleigh	microwave	1		\$ 5.00	\$ 5.00

Raleigh	Network switch	2	Hawking Technology 24 port 10/100 switch	\$ 35.00	\$ 70.00
Raleigh	Network switch	1	Netgear 5-port 10/100	\$ 10.00	\$ 10.00
Raleigh	Network switch	1	Catalyst 2900 Cisco	\$ 20.00	\$ 20.00
Raleigh	Office chairs	10		\$ 30.00	\$ 300.00
Raleigh	Office Desks	5		\$ 100.00	\$ 500.00
Raleigh	Office phones	5	Samsung iDCS 28D	\$ 50.00	\$ 250.00
Raleigh	Projector	1	Hitachi CR-X2020	\$ 45.00	\$ 45.00
Raleigh	Locks	7	MasterLock Realtor locks	\$ 20.00	\$ 140.00
Raleigh	Rolling cart	1		\$ 50.00	\$ 50.00
Raleigh	Rolling suitcases	5		\$ 20.00	\$ 100.00
Raleigh	Router	3	Netgear Nighthawk	\$ 60.00	\$ 180.00
Raleigh	Server	1	Dell PowerEdge 1950	\$ 80.00	\$ 80.00
Raleigh	Storage Shelves	5		\$ 20.00	\$ 100.00
Raleigh	Temp alerts -wifi	6	Temperature@lert WiFi Ed. Rev 8-32 644P B	\$ 120.00	\$ 720.00
Raleigh	Temp logger	7	LogTag UTRIX-16	\$ 5.00	\$ 35.00
Raleigh	UBEE router	1		\$ 20.00	\$ 20.00
Raleigh	Urinalysis Analyzer	1		\$ 150.00	\$ 150.00
Raleigh	Vaccine Fridge	1	Tempure Scientific VUCR 5.2-G	\$ 300.00	\$ 300.00
Raleigh	Vacuum	1		\$ 20.00	\$ 20.00
Raleigh	Verizon hotspots	3		\$ 15.00	\$ 45.00

Raleigh	Wooden ladder	1		\$ 20.00	\$ 20.00
Raleigh	Older desks	5		\$ 40.00	\$ 200.00
					\$ 23,060.00

Fill in this information to identify the case:Debtor name **CTMG, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	BB&T Creditor's Name Attn: Managing Agent P.O. Box 1847 Wilson, NC 27894 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien See Exhibit A attached hereto. Depreciation schedule is available. Describe the lien Non-Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250,000.00	\$67,839.00

2.2	J&M Executive Leasing , LLC Creditor's Name Attn: Officer/Managing Agent P.O. Box 2978 Greenville, NC 27836 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Any deficiency under lease agreements Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$4,882.85	\$0.00
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Debtor **CTMG, Inc.**

Name

Case number (if know)

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Joseph H. Moglia**

Creditor's Name

**130 Vista Del Mar, #1-502
Myrtle Beach, SC 29572**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Promissory note and security agreement**\$1,975,500.00****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
N/A

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,230,382.85**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **CTMG, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address NC Department of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	CTMG, Inc. Name	Case number (if known)	
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2.3	Priority creditor's name and mailing address Securities & Exchange Com. Office of Reorganization 950 East Paces Ferry Rd., Ste 900 Atlanta, GA 30326-1382	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Al R. Chesson 108 Academy Street Williamston, NC 27892 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.2	Nonpriority creditor's name and mailing address Anton-Lewis Usala 237 Buckingham Drive Winterville, NC 28590 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.3	Nonpriority creditor's name and mailing address Anton-Lewis Usala 237 Buckingham Drive Winterville, NC 28590 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.4	Nonpriority creditor's name and mailing address Ballard Spahr 1735 Market Street 51st Floor Philadelphia, PA 19103 Date(s) debt was incurred _____ Last 4 digits of account number <u>2132</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,797.94
3.5	Nonpriority creditor's name and mailing address Barry Wester 160 Teach's Cove Road Bath, NC 27808 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	CTMG, Inc. <small>Name</small>	Case number (if known) _____
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3.6	Nonpriority creditor's name and mailing address BB&T Attn: Managing Agent P.O. Box 1847 Wilson, NC 27894 Date(s) debt was incurred _____ Last 4 digits of account number <u>4625</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card - Mary Usala</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address BB&T Attn: Managing Agent P.O. Box 1847 Wilson, NC 27894 Date(s) debt was incurred _____ Last 4 digits of account number <u>0892</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$243.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card - Stacey Armstrong</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address BB&T Attn: Managing Agent P.O. Box 1847 Wilson, NC 27894 Date(s) debt was incurred _____ Last 4 digits of account number <u>7987</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,106.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card - Mark Usala</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address BB&T Attn: Managing Agent P.O. Box 1847 Wilson, NC 27894 Date(s) debt was incurred _____ Last 4 digits of account number <u>0942</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,517.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card - Anton Usala</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address BB&T Attn: Managing Agent P.O. Box 1847 Wilson, NC 27894 Date(s) debt was incurred _____ Last 4 digits of account number <u>0975</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$112.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Company credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address Brian and Hedwig Doherty 2877 Thornbrook Road Ellicott City, MD 21042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address C. Tony Griffin 1703 Vauxhall Ct. Greenville, NC 27858 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	CTMG, Inc. Name _____	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address Carolina Benefit Specialists, Inc. Attn: Officer/Managing Agent 905 East Arlington Blvd Greenville, NC 27858 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Carolina Internal Medicine, PA Attn: Officer/Managing Agent 2460 Emerald Place Greenville, NC 27834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address CEI—the Digital Office Attn: Officer/Managing Agent 8701 Brickell Avenue Raleigh, NC 27617 Date(s) debt was incurred _____ Last 4 digits of account number <u>1782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$841.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Charles S. Powell 594 Lexington Drive Greenville, NC 27834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address Clay Weibel 3778 LaVista Road, Ste 200 Tucker, GA 30084-5607 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address CopyPro Attn: Officer/Managing Agent 3101 Landmark Street Greenville, NC 27834 Date(s) debt was incurred <u>04/16/2018</u> Last 4 digits of account number <u>4853</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$261.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Culligan of the Triangle Attn: Officer/Managing Agent P.O. Box 11148 Durham, NC 27703 Date(s) debt was incurred <u>03/28/2018</u> Last 4 digits of account number <u>9850</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$53.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	CTMG, Inc. Name	Case number (if known)
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3.20	Nonpriority creditor's name and mailing address Culligan Water Attn: Officer/Managing Agent 1981 W 5th Street Washington, NC 27889 Date(s) debt was incurred <u>03/31/2018</u> Last 4 digits of account number <u>0196</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.40
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3.21	Nonpriority creditor's name and mailing address D. Paul Shackelford, MD 1644 Trails End Greenville, NC 27858 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.22	Nonpriority creditor's name and mailing address DaVinci Properties, LLC Attn: Officer/Managing Agent 2460 Emerald Place Greenville, NC 27834 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.23	Nonpriority creditor's name and mailing address Dottie Baker 126 Soledad Lane Vanceboro, NC 28586 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.24	Nonpriority creditor's name and mailing address Douglas Hobbs 348 E. Six Forks Road, Suite 300 Raleigh, NC 27609 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Any deficiency under lease agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.25	Nonpriority creditor's name and mailing address Dr. Amy Pitzer 1432 East Fire Tower Road Greenville, NC 27858 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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3.26	Nonpriority creditor's name and mailing address Dr. Charles Jahrsdorfer 3282 Charles Blvd Greenville, NC 27858 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,220.00
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Debtor **CTMG, Inc.**

Case number (if known) _____

Name

3.27	Nonpriority creditor's name and mailing address Dr. Christopher Hasty Orthopaedics East 810 WH Smith Blvd. Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,075.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator Payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address Dr. Daniel Michalak 2500 Horton Blvd SW Wilson, NC 27893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address Dr. Douglas Bunting Boice Wills Clinic 901 N Winstead Ave Rocky Mount, NC 27804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,565.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Dr. Enrique Marana 3485 North Main Street Farmville, NC 27828 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,964.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator Payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address Dr. Gwendolyn Knuckles 2459 Emerald Place Suite 102 Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Dr. Jeff Hoggard 3031 New Bern Avenue Raleigh, NC 27610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address Dr. John John 744 Airport Road Kinston, NC 28504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,880.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CTMG, Inc. Name _____	Case number (if known) _____
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3.34	Nonpriority creditor's name and mailing address Dr. Jon Placide 2605 Blue Ridge Road Raleigh, NC 27607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Dr. Joseph Clinton Parker Eastern Nephrology Associates 970 Newman Road New Bern, NC 28562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42,653.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address Dr. Joseph Flynn 2608 North Hospital Road Goldsboro, NC 27534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address Dr. Joseph Newman Eastern Nephrology Associates 970 Newman Road New Bern, NC 28562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,446.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address Dr. Keith Nelson 2160 Herbert Court Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address Dr. Lisa Rahangdale 112 Perkins Drive Chapel Hill, NC 27514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address Dr. Mark Cervi 2460 Emerald Place Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,332.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigators Payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	CTMG, Inc. Name _____	Case number (if known) _____
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3.41	Nonpriority creditor's name and mailing address Dr. Mark Vannorsdall 511 Paladin Drive Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,803.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address Dr. Michael Casey 3604 Bush Street Raleigh, NC 27609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,835.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address Dr. Natalie Doyle 2806 Wooten Blvd SW Suite B Wilson, NC 27893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,825.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address Dr. Nawaf Atassi 608A Airport Road Kinston, NC 28504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$217.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator Payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address Dr. Nirav Jasani 2402 Camden Street, SW Wilson, NC 27893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address Dr. Pankaj Vyas 1 Medical Drive Benson, NC 27504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,585.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Dr. Richard Blair Eastern Nephrology Associates 970 Newman Road New Bern, NC 28562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,725.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Dr. Richard Shultzaberger 1850 W Arlington Blvd Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Dr. Richard Taft 101 Bethesda Drive Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator Payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Dr. Robert Frere 2280 Hemby lane Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Dr. Scott Reeg 3400 Wake Forrest Road Raleigh, NC 27609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Dr. Stephen Kinard 740 Sutters Creek Drive Rocky Mount, NC 27804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$755.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigators payment owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Dr. Steven Hamstead 3681 North Main Street Farmville, NC 27828 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,575.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator Payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Dr. William Respass 1020 Red Banks Road Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$165.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Principal Investigator Payments owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor CTMG, Inc. Name		Case number (if known)	
3.55	Nonpriority creditor's name and mailing address Eastern Carolina Medical Svcs, PLLC Attn: Officer/Managing Agent 2640 Emerald Place Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address Edward and Sherry Janosko 2271 Bel Arbor Place Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address Edward L Birdsong 450 Cox Road Vanceboro, NC 28586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address Emily C. Dagher 7817 Evening Lane Alexandria, VA 22306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.59	Nonpriority creditor's name and mailing address Equity Trust Co, dba Sterling Trust Custodian FBO Steven Powell, MD 594 Lexington Drive Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.60	Nonpriority creditor's name and mailing address Equity Trust Co, dba Sterling Trust Custodian FBO Richard Zollinger, MD P.O. Box 2526 Waco, TX 76702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.61	Nonpriority creditor's name and mailing address FastMed Urgent Care Attn: Officer/Managing Agent 935 Showtell Road, Suite 108 Clayton, NC 27520 Date(s) debt was incurred <u>03/5/2018</u> Last 4 digits of account number <u>7020</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00

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3.62	Nonpriority creditor's name and mailing address Ferdinand Massari 33 Crescent Ave. Beverly, MA 01915 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address Frances W. Hasty 506 Chesapeake Place Greenville, NC 27858 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address Frank and Mary Cervi 168 Foxcroft Lane Winterville, NC 28590 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address G. R. Chandler, III 2746 Sawgrass Circle Madisonville, KY 42431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address G. Ruffin Chandler, Jr. P.O. Box 697 Madisonville, KY 42431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address G. Wayne Hardee P.O. Box 924 Greenville, NC 27835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	Nonpriority creditor's name and mailing address Gemphire Therapeutics Attn: Officer/Managing Agent 17199 N Laurel Park, Suite 401 Livonia, MI 48152 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$170,874.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address Gerard Fiordalisi 38 Durham Road New Hyde Park, NY 11040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.70	Nonpriority creditor's name and mailing address Glenn D. Harris and Irma Fiordalisi 2553 Rector Corner Road Marshall, NC 28753 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.71	Nonpriority creditor's name and mailing address Graham V. Bynum, Jr. 901 Davenport Drive Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.72	Nonpriority creditor's name and mailing address Gregory and Wendy Murphy 502 Queen Anne Rd. Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.73	Nonpriority creditor's name and mailing address Hatteras Properties I, LLC Attn: Walter Perkins, Manager P.O. Box 1602 Greenville, NC 27835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.74	Nonpriority creditor's name and mailing address Ionis Pharmaceuticals, Inc. Attn: Officer/Managing Agent 2855 Gazelle Court Carlsbad, CA 92010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237,023.00
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3.75	Nonpriority creditor's name and mailing address Jack R. Bray 4222 Rambling Rose Lane Rock Hill, SC 29732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.76	Nonpriority creditor's name and mailing address James Antinore 908 Bremerton Dr. Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address James L. Costello 10 Brookhollow Drive Downingtown, PA 19335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address James M. Walker 159 Titleist Drive Goldsboro, NC 27530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address James O. Bond 1307 Kingsbrook Road Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address Jeffrey Hoggard 1776 Blue Banks Farm Road Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address John and Carolyn Reed 110 Kenilworth Rd. Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address Joseph Moglia 130 Vista Del Mar, #1-502 Myrtle Beach, SC 29572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **CTMG, Inc.**

Name

Case number (if known)

3.83	Nonpriority creditor's name and mailing address Joshua Schwartz 1623 Deep Run Road Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.84	Nonpriority creditor's name and mailing address Kathryn and Jeffrey Preuss 601 Jordan Drive Greenville, NC 27834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.85	Nonpriority creditor's name and mailing address Kenneth and Helen Pearson 400 Oxford Road Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.86	Nonpriority creditor's name and mailing address Larry and Roberta Alligood 4271 Colony Square Evans, GA 30809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.87	Nonpriority creditor's name and mailing address LiveVault Attn: Officer/Managing Agent P.O. Box 101748 Pasadena, CA 91189 Date(s) debt was incurred <u>03/31/2018</u> Last 4 digits of account number <u>9930</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,261.68
3.88	Nonpriority creditor's name and mailing address Mary Chandler 2620 Club Court Madisonville, KY 42431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.89	Nonpriority creditor's name and mailing address Maureen and Stephen Flounders 1658 Bowtree Drive West Chester, PA 19380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	CTMG, Inc. Name _____	Case number (if known) _____
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3.90	Nonpriority creditor's name and mailing address Michael G. Smith 614 Lenox Road Glen Ellyn, IL 60137-4251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	Nonpriority creditor's name and mailing address Michael Weaver 803 Davenport Drive Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.92	Nonpriority creditor's name and mailing address Myron Rex Teaney, III 608 Ontario Drive Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.93	Nonpriority creditor's name and mailing address Nick Rudd 117 East 29th Street, Apt. CA New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.94	Nonpriority creditor's name and mailing address Paul Harris 2461 NW 59th Street, Unit 703 Boca Raton, FL 33496 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.95	Nonpriority creditor's name and mailing address Paul Kopf Profit Sharing Plan Attn: Paul P. Kopf, Trustee 221 Grason Vista Drive Queenstown, MD 21658 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.96	Nonpriority creditor's name and mailing address Perrin Jones 612 Ontario Drive Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	CTMG, Inc. Name _____	Case number (if known) _____
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3.97	Nonpriority creditor's name and mailing address Physicians East Attn: Officer/Managing Agent 1850 W Arlington Blvd Greenville, NC 27834 Date(s) debt was incurred <u>10/18/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$133.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.98	Nonpriority creditor's name and mailing address Pitt County Development Commission Attn: Officer/Managing Agent 111 South Washington Street Greenville, NC 27858 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,165.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Greenville office rent February - May 2018</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.99	Nonpriority creditor's name and mailing address R. Dennis Steed 503 Carnoustie Drive Greenville, NC 27858 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	Nonpriority creditor's name and mailing address Richard and Mary Lovenberg 106 York Court Chocowinity, NC 27817 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address Robert Weeks 1260 California Street, #4 San Francisco, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	Nonpriority creditor's name and mailing address Roy T. Lilley 217 Cedar lane Williamston, NC 27892 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103	Nonpriority creditor's name and mailing address Rudd Family, LLC Attn: Officer/Managing Agent P.O. Box 609 Madisonville, KY 42431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	CTMG, Inc. Name _____	Case number (if known) _____
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3.104	Nonpriority creditor's name and mailing address Sandra Buckman 314 Shady Banks Beach Road Washington, NC 27889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	Nonpriority creditor's name and mailing address Sandra Jones 325 Oxford Road Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.106	Nonpriority creditor's name and mailing address Smithwick Enterprises Attn: Officer/Managing Agent 1589 West 5th Street Washington, NC 27889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	Nonpriority creditor's name and mailing address Steven Prince 286 Madison Avenue, Suite 1705 New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	Nonpriority creditor's name and mailing address Super Shred Attn: Officer/Managing Agent 311 Stanton Road Greenville, NC 27834 Date(s) debt was incurred <u>03/31/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address The Rudd Family - Allen Rudd P. O. Box 609 Madisonville, KY 42431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110	Nonpriority creditor's name and mailing address Theresa Holley 1699 Scarborough Road Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	CTMG, Inc. Name	Case number (if known) _____
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3.111	Nonpriority creditor's name and mailing address TheVax Genetics Vaccine, Inc. c/o Aaron Thalwitzer, Esquire 257 N. Orlando Ave. Cocoa Beach, FL 32931 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170,000.00
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3.112	Nonpriority creditor's name and mailing address Thompson D. Litchfield, Jr. 407 Camellia Drive Washington, NC 27889 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.113	Nonpriority creditor's name and mailing address Vidant Medical Center Attn: Officer/Managing Agent 2100 Stantonsburg Road Greenville, NC 27834 Date(s) debt was incurred <u>10/24/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.30
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3.114	Nonpriority creditor's name and mailing address Walter J. Newman 408 Wexford Place New Bern, NC 28562 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115	Nonpriority creditor's name and mailing address William D. Respass 2073 Cornerstone Drive Winterville, NC 28590 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116	Nonpriority creditor's name and mailing address William F. Rienhoff IV 913 Drohomer Place Baltimore, MD 21210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117	Nonpriority creditor's name and mailing address William Gerber 13252 Bedford Ave. Omaha, NE 68164 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	CTMG, Inc. Name	Case number (if known)
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3.118	Nonpriority creditor's name and mailing address William Novotny 2301 Autumn Chase Court Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119	Nonpriority creditor's name and mailing address William S. Corbitt, III 1609 East 5th Street Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120	Nonpriority creditor's name and mailing address William W. & Linda H. Bolt, JTWROS 209 Crow Hill Road Troy, AL 36081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121	Nonpriority creditor's name and mailing address Windstream Communications Attn: Officer/Managing Agent 1290 E Arlington Blvd, #105 Greenville, NC 27858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,437.41
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3.122	Nonpriority creditor's name and mailing address Zane Buckman 322 Isabella Avenue Washington, NC 27889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stockholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Pitt Co. Attorney, Janis Gallagher 1717 W. 5th Street Greenville, NC 27834	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">Total of claim amounts</td> </tr> <tr> <td style="width: 5%;">5a.</td> <td style="width: 45%;">\$ <u>0.00</u></td> </tr> <tr> <td>5b.</td> <td> <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">+</td> <td style="width: 45%;">\$ <u>815,823.77</u></td> </tr> </table> </td> </tr> </table>	Total of claim amounts		5a.	\$ <u>0.00</u>	5b.	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">+</td> <td style="width: 45%;">\$ <u>815,823.77</u></td> </tr> </table>	+	\$ <u>815,823.77</u>
Total of claim amounts									
5a.	\$ <u>0.00</u>								
5b.	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">+</td> <td style="width: 45%;">\$ <u>815,823.77</u></td> </tr> </table>	+	\$ <u>815,823.77</u>						
+	\$ <u>815,823.77</u>								

Debtor **CTMG, Inc.**
Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ **815,823.77**

Fill in this information to identify the case:Debtor name **CTMG, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Lease Agreement for Suite 220, Anderson Plaza West, 3008 Anderson Drive, Raleigh, NC 2 months**Douglas M. Hobbs
343 E. Six Forks road, Suite 204
Raleigh, NC 27609**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Lease of 2 Minolta Bizhub printers/copiers**18 months****J&M Executive Leasing , LLC
Attn: Officer/Managing Agent
P.O. Box 2978
Greenville, NC 27836**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Lease of KM Bizhub C5543**Unknown****J&M Executive Leasing , LLC
Attn: Officer/Managing Agent
P.O. Box 2978
Greenville, NC 27836**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Lease Agreement for office space at 1800 North Greene Street, Greenville, NC 5 months**Pitt County
c/o Pitt County Development Comm
P.O. Box 837
Greenville, NC 27835**

Fill in this information to identify the case:Debtor name **CTMG, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name CTMG, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 4/01/2018 to **Filing Date****Sources of revenue**

Check all that apply

☐ Operating a business☒ Other Clinical trial revenue**Gross revenue**

(before deductions and exclusions)

\$0.00**For prior year:**From 4/01/2017 to 3/31/2018☐ Operating a business☒ Other Clinical trial revenue\$523,000.00**For year before that:**From 4/01/2016 to 3/31/2017☐ Operating a business☒ Other Clinical trial revenue\$1,626,152.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **CTMG, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. BB&T Attn: Managing Agent P.O. Box 1847 Wilson, NC 27894	March 21, 2018 and April 18, 2018	\$14,845.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. Blue Cross Blue Shield Attn: Officer/Managing Agent P.O. Box 580017 Charlotte, NC 28258-0017		\$22,655.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. USI Insurance - D&O		\$11,715.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. Towne Insurance Company		\$10,513.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. Hobbs Properties		\$6,900.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.6. Smith Anderson		\$50,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Attorney's fees</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Exhibit C		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **CTMG, Inc.**

Case number (if known) _____

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. The Vax Genetics Vaccine, Inc., Plaintiff vs CTMG, Inc., Defendant 05-2018-CA-019850	Breach of Contract	Circuit Court of Eighteenth Judicial Cir Brevard Co., Florida	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

Debtor **CTMG, Inc.**

Case number (if known) _____

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Gerald A. Jeutter, Jr. Attorney at Law P.O. Box 12585 Raleigh, NC 27605			\$7,500.00
	Email or website address jeb@jeutterlaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 3008 Anderson Drive Suite 220 Raleigh, NC 27609	

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Debtor **CTMG, Inc.**

Case number (if known) _____

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Social Security Numbers

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

CTMG Retirement Plan

Employer identification number of the plan

EIN: **223592**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **CTMG, Inc.**

Case number (if known) _____

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
LiveVault Attn: Officer/Managing Agent P.O. Box 101748 Pasadena, CA 91189	Debtor	LiveVault provides download and backup of CTMG's servers (containing all information, including patient Protected Health Information)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

Debtor **CTMG, Inc.**

Case number (if known) _____

☒ None**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. **Hughes Pittman and Gupton**
1500 Sunday Drive
Suite 300
Raleigh, NC 27607

2009 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Anton-Lewis Usala	237 Buckingham Drive Winterville, NC 28590	President	13.61%
Name	Address	Position and nature of any interest	% of interest, if any
Jim Antinore	908 Bremerton Dr. Greenville, NC 27858	Treasurer	.38%
Name	Address	Position and nature of any interest	% of interest, if any
Mary Usala	237 Buckingham Dr. Winterville, NC 28590	Corporate Secretary	.38%

Debtor **CTMG, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Rob Weeks	1260 California St. #4 San Francisco, CA 94109	Board member	.42%
Name	Address	Position and nature of any interest	% of interest, if any
Nicholas Rudd	117 East 29th St. Apt CA New York, NY 10016	Board member	.26%
Name	Address	Position and nature of any interest	% of interest, if any
Ferdinand Massari	33 Crescent Ave Beverly, MA 01915	Board member	.57%
Name	Address	Position and nature of any interest	% of interest, if any
Joe Moglia	103 Vista Del mar, #1-502 Myrtle Beach, SC 29572	Shareholder	58.95%
Name	Address	Position and nature of any interest	% of interest, if any
Mark Usala	6311 Terra Verde Drive Apt 211 Raleigh, NC 27609		.42%
Name	Address	Position and nature of any interest	% of interest, if any
See Exhibit B			

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Debtor **CTMG, Inc.**

Case number (if known) _____

Name of the pension fund

Employer Identification number of the parent
corporation**Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 22, 2018****/s/ Anton-Lewis Usala**

Signature of individual signing on behalf of the debtor

Anton-Lewis Usala

Printed name

Position or relationship to debtor **President****Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**☐ No☒ Yes

CTMG, INC.
Capitalization Chart
February 2, 2018

Holder of Securities	Common Stock				Preferred Stock					Totals	
	Stock	Options (2004 Plan)	Options (2014 Plan)	Warrants	Series A	Series B	Series C	Series D	Series E	Shares	Ownership
Alligood, Larry L. and Roberta L., as tenants by the entireties					25,000					25,000	0.10%
Antinore, James K.		25,000							75,000	100,000	0.38%
Armstrong, Stacy			37,000							37,000	0.14%
Baker, Dottie	200									200	0.00%
Birdsong, Edward L.					25,000					25,000	0.10%
Bolt, William W. and Linda Howard Bolt, JTWROS							50,000			50,000	0.19%
Bond, James O.				12,000	25,000					37,000	0.14%
Bray, Jack R.				12,000			20,000			32,000	0.12%
Bray, Jack and Therese Bray, Joint Tenants with Rights of Survivorship						779		4,986	18,181	23,946	0.09%
Buck, Linda			30,000							30,000	0.11%
Buckman, Sandra S.					10,000					10,000	0.04%
Buckman, Zane					25,000					25,000	0.10%
Byrum, Jr., Graham V.				12,000		2,000	15,000	6,579		35,579	0.14%
Cameron-Hubbard, Nancy			18,000							18,000	0.07%
Carolina Benefit Specialist, Inc.					25,000					25,000	0.10%
Carolina Internal Medicine, PA						25,000				25,000	0.10%
Cervi, Frank		12,500								12,500	0.05%
Cervi, Frank R. and Mary C. Cervi, Joint Tenants with Rights of Survivorship						25,000				25,000	0.10%
Cervi, Mark, M.D.		50,000								50,000	0.19%
Cervi, Mary C.		12,500								12,500	0.05%
Chandler, Mary L.							30,000			30,000	0.11%
Chandler, Jr., G. Ruffin							30,000		90,000	120,000	0.46%
Chandler, III, G. R.							5,000			5,000	0.02%
Corbitt, William S., III		10,000		12,000	50,000	779		4,986	22,727	100,492	0.38%
Costello, James L.					25,000					25,000	0.10%
Dagher, Emily C.							5,000			5,000	0.02%
DaVinci Properties, LLC						24,000				24,000	0.09%
Doherty, Brian J. and Hedwig. T, as tenants by the entireties					25,000					25,000	0.10%

Holder of Securities	Common Stock				Preferred Stock					Totals	
	Stock	Options (2004 Plan)	Options (2014 Plan)	Warrants	Series A	Series B	Series C	Series D	Series E	Shares	Ownership
Eastern Carolina Medicine Services, PLLC						10,000				10,000	0.04%
Fiordalisi, Gerard					25,000	25,000				50,000	0.19%
Furman, Nicole			40,000							40,000	0.15%
Gerber, William J.		180,000					150,000		100,000	430,000	1.64%
Griffin, C. Tony					50,000			25,000		75,000	0.29%
Hall, Janis			60,000							60,000	0.23%
Harris, Glenn and Irma Fiordalisi, as tenants by the entireties					36,000	5,000			37,272	78,272	0.30%
Harris, Paul									100,000	100,000	0.38%
Hasty, Frances W.					25,000					25,000	0.10%
Hatteras Properties I, LLC					25,000	1,500				26,500	0.10%
Hill, Jr., Myron T.		25,000								25,000	0.10%
Hoggard, Jeffrey G.		10,000		12,000	50,000	5,779	25,000			102,779	0.39%
Holland, David			37,000							37,000	0.14%
Holley, Theresa				12,000		25,000			22,727	59,727	0.23%
Janosko, Edward O. and Sherryl P., as tenants by the entireties					25,000					25,000	0.10%
Jones, Perrin W.						25,000	25,000			50,000	0.19%
Jones, Sandra M.					25,000					25,000	0.10%
Paul P. Kopf Profit Sharing Plan FBO Paul P. Kopf					25,000					25,000	0.10%
LeFrancois, Alain			8,000							8,000	0.03%
Leonhardt, Gary, M.D.		75,000								75,000	0.29%
Litchfield, Thompson D., Jr.					25,000					25,000	0.10%
Lovenberg, Richard M. and Mary F., as tenants by the entireties					10,000					10,000	0.04%
Massari, Ferd		100,000							50,000	150,000	0.57%
Moglia, Joseph H.	2,166,667			100,000	139,000	524,773	1,800,000	947,539	5,085,699	10,763,678	40.98%
Moglia [Joe Moglia GRAT No. 59]									4,625,770	4,625,770	17.61%
Moye, Terri			45,000							45,000	0.17%
Murphy, Gregory F. and Wendy S., as tenants by the entireties					50,000					50,000	0.19%
Newman, William J.					50,000					50,000	0.19%
Novotny, William						22,000				22,000	0.08%
Owens, Karen Denise		35,000								35,000	0.13%
Parris, Brian			40,000							40,000	0.15%
Pearson, Kenneth C. and Helen S., as tenants by the entireties					50,000					50,000	0.19%

Holder of Securities	Common Stock				Preferred Stock					Totals	
	Stock	Options (2004 Plan)	Options (2014 Plan)	Warrants	Series A	Series B	Series C	Series D	Series E	Shares	Ownership
Powell [Equity Trust Company, d.b.a. Sterling Trust, Custodian FBO: "C. Steven Powell, M.D., Acct.: 407127"]							160,000			160,000	0.61%
Powell, Charles S.		100,000			50,000		150,000			300,000	1.14%
Preuss, Kathryn M. and Jeffrey L. Preuss, Joint Tenants with Rights of Survivorship						60,000				60,000	0.23%
Prince, Steven					50,000	50,000				100,000	0.38%
Reed, John D. and Carolyn S., as tenants by the entireties					25,000					25,000	0.10%
Respass, William D.						25,000				25,000	0.10%
Rienhoff, William F., IV					25,000					25,000	0.10%
Rudd Family, LLC							50,000		227,273	277,273	1.06%
Rudd, Nicholas									68,181	68,181	0.26%
Schwartz, Joshua							50,000	6,000		56,000	0.21%
Seymour, Peter										0	0.00%
Shackelford, D. Paul, M.D.					35,000	15,000				50,000	0.19%
Smith, Michael G.		200,000				100,000	100,000			400,000	1.52%
Smithwick Enterprises					20,000					20,000	0.08%
Steed, Jason (JT)			27,000							27,000	0.10%
Steed, R. Dennis		10,000	90,000	12,000	50,000				30,000	192,000	0.73%
Teaney III, Myron Rex		50,000				25,390				75,390	0.29%
Usala, Anton-Lewis	2,500,000	10,000	1,035,708						30,000	3,575,708	13.61%
Usala, Mark			110,000							110,000	0.42%
Usala, Mary			100,000							100,000	0.38%
Voting Trust [William S. Corbitt, III, Jeffrey Hoggard and R. Dennis Steed, as Trustees under that Certain Voting Trust Agreement, dated October 1, 2010]					275,000					275,000	1.05%
Walker, James M.							55,000		272,728	327,728	1.25%
Weaver, Michael F.					50,000					50,000	0.19%
Weeks, Robert									113,636	113,636	0.43%
Weibel, Clay M.				12,000	50,000			4,910		66,910	0.25%
Wester, Barry D.					25,000					25,000	0.10%
Zollinger [Equity Trust Company, d.b.a. Sterling Trust, Custodian FBO: "Richard Zollinger, M.D., Acct.: 401033"]							300,000			300,000	1.14%

Holder of Securities	Common Stock				Preferred Stock					Totals	
	Stock	Options (2004 Plan)	Options (2014 Plan)	Warrants	Series A	Series B	Series C	Series D	Series E	Shares	Ownership
2014 Plan Unallocated Stock Options			1,333,000							1,333,000	5.08%
TOTALS	4,666,867	905,000	3,010,708	196,000	1,500,000	997,000	3,020,000	1,000,000	#####	26,264,769	100.00%

Reconciliation of Authorized Shares			
Type of Stock	Authorized	Outstanding/ Reserved	Available
Common Stock	30,000,000	26,264,769	3,735,231
Series A Preferred Stock	1,500,000	1,500,000	-
Series B Preferred Stock	997,000	997,000	-
Series C Preferred Stock	3,020,000	3,020,000	-
Series D Preferred Stock	1,000,000	1,000,000	-
Series E Preferred Stock	13,636,364	10,969,194	2,667,170

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Name	Item	Payment
Anton Usala	Dell 6800 Laptop Computer	\$ 250.00
Mary Usala	Dell Precision M3510 Laptop Computer	\$ 200.00
Mary Usala	24 inch Computer Monitor	\$ 50.00
Mary Usala	Metal Open Shelving	\$ 20.00
Andrew Hoffman	Dell Precision M3510 Laptop Computer	\$ 200.00
Janis Hall	1 -2 drawer filing cabinet	\$ 10.00
Janis Hall	1- 5 shelf bookcase	\$ 25.00
Janis Hall	2 mini fridges \$20/ each	\$ 40.00
Janis Hall	office chair on wheels	\$ 30.00
Janis Hall	small brown table	\$ 10.00
Nicole Steed	Fire Cabinet	\$ 80.00
Nicole Steed	2-Metal Open shelving \$20/ each	\$ 40.00
Nicole Steed	Small Refrigerator	\$ 20.00
Max Crotts	Fire Cabinet	\$ 80.00
Terri Moye	mini fridge	\$ 20.00
Terri Moye	2- Metal open shelving \$20/ each	\$ 40.00
Mark Usala	Dell Precision M2800 Laptop computer	\$ 200.00
Brian Parris	Dell Precision 3510 Laptop Computer	\$ 200.00
Total:		\$ 1,515.00

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Eastern District of North Carolina

In re **CTMG, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	7,500.00
Prior to the filing of this statement I have received	\$	7,500.00
Balance Due	\$	0.00

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 22, 2018

Date

/s/ Gerald A. Jeutter, Jr. NC State Bar No.**Gerald A. Jeutter, Jr. NC State Bar No. 17724**

Signature of Attorney

Gerald A. Jeutter, Jr., Attorney at Law PA**615 Oberlin Road, Suite 102****Post Office Box 12585****Raleigh, NC 27605****919-334-6631 Fax: 919-833-9793****jeb@jeutterlaw.com**

Name of law firm

**United States Bankruptcy Court
Eastern District of North Carolina**

In re **CTMG, Inc.** Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 22, 2018**

/s/ Anton-Lewis Usala
Anton-Lewis Usala/President
Signer/Title

Al R. Chesson
108 Academy Street
Williamston, NC 27892

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BB&T
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**United States Bankruptcy Court
Eastern District of North Carolina**

In re **CTMG, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **CTMG, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

May 22, 2018

Date

/s/ Gerald A. Jeutter, Jr. NC State Bar No.Gerald A. Jeutter, Jr. NC State Bar No. 17724

Signature of Attorney or Litigant

Counsel for **CTMG, Inc.****Gerald A. Jeutter, Jr., Attorney at Law PA****615 Oberlin Road, Suite 102****Post Office Box 12585****Raleigh, NC 27605****919-334-6631 Fax:919-833-9793****jeb@jeutterlaw.com**